

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-574,507

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11	1					
12		1				
13		1				
14		1				
15		1				
16	1					
17		1				
18		1				
19		1				
20		1				
21		1				
22		1				
23		1				
24		1				
25		1				
26		1				
27		1				
28	1					
29		1				
30		1				
31		1				
32		1				
33		1				
34		1				
35		1				
36		1				
37		1				
38		1				
39		1				
40		1				
41		15				
42		15				
43		15				
44		15				
45		9				
46		9				
47		9				
48		9				
49		9				
50		9				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		9				
52		9				
53		9				
54	1					
55		1				
56		1				
57			1			
58				1		
59				1		
60				1		
61				1		
62			1			
63				1		
64				1		
65			1			
66				1		
67				1		
68				1		
69				1		
70			1			
71				1		
72				1		
73				1		
74				1		
75				1		
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	5	↓	5	↓		↓
TOTAL DEP.	179	←	17	←		←
TOTAL CLAIMS	184		22			